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DUPUYTREN'S LECTURES ON SURGERY.

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To Dr. A. Sidney Doane, of New York, the medical public are laid under renewed obligations, by his translation of the *Clinical Lectures on Surgery*, by the late *Baron Dupuytren*. The volume now presented contains the first of three courses of lectures which have been published in France, and we are informed by the translator's preface that the remaining courses will shortly be prepared for publication. The plan adopted for the work, may be gathered from the remarks in the original preface by the editor, to which the medical reader is referred.

"The volume which is now presented to the public contains nineteen articles, some of which are entirely new, and others are treated much more perfectly than they ever have been before. *Permanent retraction of the fingers, from the crusting of the palmar aponeurosis*, was a subject heretofore unknown; it belongs entirely to M. Dupuytren, who has given on it a lecture full of interest, and which has been republished in many of the journals. The same remark applies to *Engorgement of the testicles*, which has elicited practical remarks of the highest importance. The lecture on *Burns* is one of those treated with the most talent; and M. Dupuytren's doctrines on this affection are now generally adopted."

We shall proceed to offer a brief sketch of the article on Cataract, which treats of the *Species, Operations and Treatment* of this interesting part of surgery; and to give such extracts as may appear to be of general interest and as the limits of this Journal will allow. We may premise that the observations of M. Dupuytren on the existence and probable nature of what has been termed *black cataract*, coincide with the opinions of the most eminent oculists in this country. But the doctrine advanced of a predisposition to cataract in scrofulous individuals, is entirely at variance with the conclusions of some of the best English authors on the subject, as likewise with the remarks made upon cases occurring here, although in a limited circle.

It will be seen that the great French surgeon is a strong advocate for the operation by depression, in preference to extraction of the cataract. In this he follows the opinions and practice of the illustrious Scarpa, who in his celebrated *Traité* on Diseases of the Eye, details at some length the reasons of his preference. But on this point it must be observed that M. Dupuytren with discrimination and good judgment maintains the irrationality of employing the same method in all cases; for in surgery, as in medicine, the same mode of treatment cannot be constantly em-

ployed to attain the same end. Thus, in cataract, a reference to the circumstances of the individual case, must oblige practitioners to recur alternately to one or the other mode.

"CATARACT, like many other diseases, has been divided into a certain number of species. *Simple* cataract consists in an opacity of the crystalline lens. Another species, nearly as common as the preceding, results from an opacity of the crystalline membrane. This is termed *membranous* cataract. The latter, according to M. Dupuytren's observations, is to the common cataract, as one to one and a half. It is particularly frequent in children, in whom it is sometimes congenital, and in whom Saunders has observed it, twenty-one times out of forty-four cases. It is then most commonly perfect, very rarely imperfect. In adults, it usually forms after blows, contusions and pricks, received on the globe of the eye. It occurs also in scrofulous individuals, and in those who have submitted to the operation of extraction, and where the capsule was not displaced. Finally, when imperfect, it presents itself in variable forms. The most common is that which Saunders terms the *central*, and which was observed long since by M. Dupuytren : it affects the centre of the crystalline capsule. It is sometimes congenital, but generally supervenes after birth."

"Next to this variety of cataract, and the most frequent, is that termed the *milky*, *soft*, or *pulpy* cataract. In this case, the whole of the crystalline lens is very soft ; sometimes, however, this softness is only partial ; frequently even the lens is entirely changed into a white, milky, opaque liquid. The crystalline membrane and the lens are sometimes more or less incrustated with phosphate of lime, and become of a bony hardness ; this is easily recognized by the shock produced by the touch of the instrument against the organ. Cataract in this case, takes place by ossification. Finally, according to some authors, cataract presents another variety, termed *black cataract*. This must be perfectly distinct from amaurosis, and must show itself by certain sensible signs ; sometimes reflecting several colors at once, sometimes brown, and sometimes green, sometimes radiated with white striæ, which extend on a dark base, and in all cases attended with great mobility of the iris. Many surgeons, and among others, Delpech, have denied their existence. Baron Dupuytren, in his vast practice, has never seen a case of black cataract ; and therefore he does not admit them. We have often heard him mention the following fact : Pelleton and Giraud imagined that one of their patients was affected with a cataract of this kind ; they requested M. Dupuytren to examine it, who pronounced the disease to be amaurosis. After some disputes, Pelleton and Giraud persisted in their opinion, and requested him to operate in order that he might be convinced. Baron Dupuytren performed the operation, and extracted a perfectly healthy lens. The operation was followed by no accident, but the patient continued to be deprived of sight, the retina being paralyzed.

"Several facts observed at Hotel Dieu, have led Baron Dupuytren to admit a *hereditary disposition* to contract cataracts. We shall mention but one instance, which occurred at the public consultation, which seems to leave no doubt as to this disposition. Perhaps there is no example so remarkable.

"An aged lady came one day to the consultation, attended by a part of her family. When more than sixty years old, her sight began to be affected; eighteen months afterward, the two crystalline lenses were entirely opaque. The depression of one of them, as performed by M. Dupuytren, was followed by no accident, and restored to the patient the faculty of sight, which she has since retained; since at the age of eighty, it is remarkably good. The cataract of the opposite eye has not been operated upon.

"The sight of her daughter began to fail when she was twenty-eight years old; she was soon unable to go about, but she could distinguish day and night; the pupils were moveable, the eyes healthy. When thirty years old, two years after the origin of the affection, Baron Dupuytren performed on one of the eyes of this patient, the same operation which had restored the faculty of sight to her mother. Ten years afterward, vision was unaltered on this side. Encouraged by this success, the patient wished to be relieved from the other cataract. The newspapers were filled with the puffs of an oculist; she applied to him, and the operation was performed by extraction. But, as happens in most cases, this operation was attended with other consequences than the preceding; severe pains and an intense inflammation prevented the cure; the cornea became opaque, and the patient lost her eye, while that operated on by Baron Dupuytren was not deranged in its functions.

"The son of this lady, aged seventeen years, had, likewise, two cataracts. They were depressed at Hotel Dieu, and also cured.

"With him the grandmother brought to M. Dupuytren another grandson, in whom the lenses had begun to be opaque, and finally a grand-daughter, whose sight was already obscured, as it were, by a cloud; a precursory symptom of the opacity of the lens. Here then were a grandmother, her daughter, and three grand-children, all affected with cataract! This case is curious, both on account of the disposition of this family to this kind of affection, and for Dupuytren's success.

"This professor has had occasion to operate on a great number of congenital cataracts, and to make some remarks on the consequences of these operations, which will be read with interest. But, he says, I must here observe, that I have never seen the strange things mentioned by several authors, nor have I heard remarks from persons I had restored to sight, upon the distance, form and color of objects, which remarks have caused so many commentaries on the part of metaphysicians and idealists. On the contrary, I have most commonly remarked that those who are blind by cataract, whether congenital or existing for many years, being accustomed to live with but four senses, were generally embarrassed with this, the use of which had been restored to them. They have had trouble in combining its action with that of the others; they have often shown so much reluctance in using it, that I have been compelled several times, to deprive them of one, and even of two of their senses, to induce them to exercise the power of vision. Thus, I have been obliged to stop up the ears of a child, who was guided by sounds, or by the impressions he received from touch; he carried his hands constantly before him, as if they were tentacula."

Accident first led Dupuytren to perform the operation for cataract

through the cornea; a mode described by Saunders as the Anterior Operation, but more generally known by the term *Keratonixis*, which consists in depressing or breaking up the cataract from before backward, after perforating the transparent cornea with the needle.

"The following have been the results of twenty-one operations of this kind performed by Dupuytren, on individuals of different sexes and temperaments, presenting cataracts with various combinations, and such as are commonly found in individuals taken at random. Of twenty-one operations to which Dr. Marx was requested by M. Dupuytren to attend, eleven have been immediately and permanently successful, six have terminated successfully at the end of a month; in two, nervous symptoms supervened; five have been affected with slight ophthalmias; in two, an inflammation of the iris appeared; in one, an inflammation and atrophy of the eye ensued; in five, the remains of the crystalline membrane have adhered to the circumference of the pupil; in four, a second and even a third operation have been performed. One patient lost his eye from inflammation, in another the faculty of sight has been obstructed by the formation of an opaque cicatrix before the pupil; finally, two others have been affected with amaurosis independent of the operation and of its consequences, which has prevented the cure.

"In conclusion, seventeen individuals out of twenty-one, recovered their sight, that is, four-fifths, plus one, of the patients operated on. This result does not differ sensibly from that obtained by M. Dupuytren, by puncturing the sclerótica."

But he found the operation by *Keratonixis* preferable particularly in children affected with congenital cataract, in whom the eyes are invariably agitated with convulsive movements, or with continual oscillation of the eyeballs. In these cases *Keratonixis* is adopted very generally, if not exclusively, by surgeons of experience.

The rules laid down by M. Dupuytren for the observance of the surgeon preparatory to performing an operation, relative to the state of the atmosphere, the prevailing medical affections, as well as the general state of the patient and the nature of the affections that may be concomitant with the cataract, are worthy of the most serious attention. Thus, in our climate it is well known that rheumatism in persons past the middle age, is not an infrequent attendant with cataract and other affections of the eyes. "If a rheumatic affection exists (concomitant with cataract), the operation may cause a determination of it to the head; the eye and its appendages become painful; and a severe ophthalmia often shows itself. It matters little whether this effect be produced by rheumatism or by irritation, it is never prudent to operate in these cases, and experience has shown the bad symptoms which may follow. We must then treat the rheumatism with remedies, and if we decide to operate while any wandering pains exist, a blister must be applied to some part remote from the head." The same rules are of course applicable to other complications with cataract.

We are indebted to M. Dupuytren for an observation of some practical importance relative to the operation by depression, when from any cause there is a tendency in the opaque lens to reascend, viz.: that the danger of the operation is diminished, the more frequent its repetition in

the same individual ; and in support of this opinion he cites the case of a patient, in whom the cataract was depressed four times in as many months.

" In these cases, the crystalline lens is generally soft and downy on its surface, a proof of the action exercised upon it by the absorbent vessels ; a patient recently operated upon at Hotel Dieu has offered an instance of this."

" The crystalline lens, which is retained in its capsule firmly in the healthy or transparent state, seems more susceptible of displacement when its transparency is lost. Some individuals possess even the power of making the opaque crystalline lens pass at pleasure from one chamber of the eye to the other. A remarkable case of this kind is related by Demours, in his Treatise on Diseases of the Eye."

" I have sometimes seen the opaque crystalline lens pass through the pupil into the anterior chamber, and thence return into its place. Some patients can execute at pleasure this alternate displacement. Dr. Tillard and Surgeon Bunsel were with me, July 3d, 1817, where we saw M. Gastel, who was affected with cataract, cause the opaque lens to pass into the anterior chamber, and again behind the iris. M. Gastel is a shoemaker, thirty-one years old, and is of good constitution. The cataract in his right eye commenced when he was six years old ; the opaque crystalline lens gradually descended behind the iris, about the period of puberty. It was invisible when he was eighteen years old, and passed into the disorganized vitreous humor. When nineteen years of age, while actively engaged in military service, this body passed before the iris. The continual pain of the patient obliged him to obtain his discharge. I proposed to extract it, but the patient desiring to avoid the operation, I advised him to drop into the eye a little of a watery solution of the extract of belladonna, to dilate the pupil, and facilitate the return of the opaque lens behind the iris ; to favor this return, by reclining for twenty-four hours on his back, and even during this time, to lean the head occasionally towards the floor, so that the vertex should be lower than the neck ; finally, to drop in a few drops of vinegar as soon as the lens had disappeared, in order to excite an artificial inflammation, capable of causing the dilatation of the pupil to cease, and even of rendering its diameter smaller than before he used the belladonna ; a process which I have found useful in certain cases. This was done, and followed with the success I expected.

" For eight and a half years, M. Gastel was not incommoded with this singular accident, which has occurred again for two years, three or four times a month. If he bends the head quickly and carelessly, the lens passes before the iris ; he then suffers, and is incapable of occupation, until laying on the ground, the chin raised and the vertex downward, he causes it to re-enter by strongly rubbing the globe of the eye with the upper eyelid. I shall probably extract it some day."

In the removal of the dislocated lens from the eye, M. Dupuytren, in 1819, deviated from the common mode of operating, but for what reasons does not appear. The case however is a curious one, and as it concludes the article on cataract, we beg leave to transcribe it.

" A soldier, thirty-four years old, entered Hotel Dieu November 2d ;

the anterior chamber of his left eye was completely filled by a rounded body of a pearly white color, and formed by an opaque lens, which had escaped spontaneously from the pupil, apparently at the time when the patient forcibly bent his head. The eye was red, painful, inflamed and watery, and there was intense headache. Venesection, a bath and purgative arrested these symptoms, and M. Dupuytren performed the operation two days afterward as follows.

"The patient laid in bed, the head raised by pillows; the needle was introduced about two lines from the union of the transparent cornea with the opaque cornea; the operator passed it through the posterior chamber, penetrated into the anterior, hooked the crystalline lens, brought it into the posterior chamber, at the base of which he held it depressed for some time; he then withdrew his needle. The patient saw the hand which restored sight to him, and distinguished the persons who assisted at the operation. The sequel of this case was fortunate. The patient left the hospital six days after, the pupil perfectly clear, seeing very well, and not feeling the least pain. M. Dupuytren's operation in this case, was to introduce the needle through the sclerotica, into the posterior chamber, proceed into the anterior, fix the crystalline lens, bring it into the posterior chamber, and then depress it into the vitreous body."

Finally, we desire to make our acknowledgments once more to the translator for presenting to us in an English dress, "the ideas of M. Dupuytren on Cataract;" and although we could wish that some of the remarks were less obscure, it would be unjust to deny, with a few exceptions, the merit of originality, combined with sound general principles and extensive experience.

Boston, August, 1835.

PANCREATIC SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—If, in your judgment, the following case of "*Pancreatic Sarcoma*" is of sufficient importance to merit a place in your valuable Journal, you will oblige a subscriber by its insertion. Were *unfortunate* cases oftener published, exhibiting errors in theory, and mistakes in practice, although individual pride and possibly reputation might suffer, yet it is believed that the science of medicine would be thereby improved.

Amos Howard, Esq., of Jamaica, Vt., æt. 63, when about thirty years of age discovered a small indolent tumor, immediately under the angle of the jaw upon the right side. It gradually, but slowly increased in size, being troublesome only by its bulk and weight, except once or twice within the last few years, when some portion assumed the inflammatory action and suppurated, but afterward healed as kindly as any other part of the body, without affecting at all the general appearance or condition of the tumor.

At length its size became so enormous as to rest upon the thorax, as low as the sixth or seventh rib, measuring about seven inches by twelve, and weighing, after its removal, nine and a half pounds. The skin, at length, from the long-continued and violent distention, ulcerated and

sloughed in various places, giving discharge to an ichorous offensive matter; and in spite of every treatment adopted, the ulcers spread and showed no disposition to heal. The general health suffered, and the removal of the tumor seemed to afford the only chance of recovery.

On the 2d of December, 1834, Dr. Twitchell, of Keene, N. H. with necessary assistants, proceeded to the operation, which was performed with his usual dexterity and skill. It was found involving no very important parts. Although it lay immediately on the large vessels of the neck, it was not encysted, and required careful dissection throughout the whole extent. No artery of much magnitude was divided; several required the ligature, but were of a small size, and were mostly near the surface of the tumor. After the wound was dressed and the patient conveyed to his bed, so much hemorrhage occurred from the wound as to render it necessary twice, in succession, to remove the dressings; and it was only at last effectually suppressed by pressure applied by the fingers of an assistant. The hemorrhage seemed to be rather an oozing from a large surface, than traceable to particular bleeding vessels, and no doubt was in a considerable measure venous. The attaching surface was of an oval figure, and probably about seven inches by five. The operation was necessarily tedious, but was borne with greater fortitude than was anticipated. The most unfortunate occurrence was the division of the facial nerve, by which the right side of his face was partially paralyzed, and his mouth assumed a position further to the left than natural.

There were other tumors of a small size, but of a similar character, immediately under and in the vicinity of the large one, but the patient was too much exhausted to bear their removal at that time.

The wound healed in three or four weeks, without any special occurrence, and he expressed himself more comfortable, except some remaining debility, than he had been for several months. This exemption, however, from pain and suffering, was of short duration. On the 12th of January, six weeks from the operation, and perhaps three from the time the wound was cicatrized, I was summoned to my patient on account of general ill health. His main complaint was pain in the lumbar region, with general distress; his tongue foul and his breath foetid; a copious secretion of mucus from the fauces, and a slight cough; pulse weak and but little accelerated; bowels constipated. A cathartic, with a few of Dover's powders, afforded considerable relief; but the abatement was of short continuance. The pain in the back and lower limbs was excessive, and could only be controlled by opium in some form or other; his bowels obstinately costive; stools, when procured, dark and extremely foetid; tongue heavily loaded with a brownish coat; breath very offensive; general soreness of the flesh, and chose to lie wholly upon the back; pulse generally soft and slow; cough scarcely noticeable, and respiration long and free.

The small tumors before spoken of, especially one on the left clavicle, which at the time of the operation was not larger than half a walnut, increased rapidly in size, were somewhat inflamed, tender to the touch and slightly painful. There was an evident cedema all along upon the sternum and ribs of the left side, and the whole extent tender upon pressure.

Cathartic, alkaline and alterative medicine, in various combinations,

with cupping and blistering upon the loins, were tried with but little alleviation to his sufferings. Also cicuta, hyoscyamus, belladonna, &c. of the narcotic tribe, but with no essential relief. Nothing but opium or morphine, in increased doses, would appease his moans, or render existence tolerable. When interrogated in relation to the locality of his distress, the reply was invariably, "In my back and all over me." No particular vertebræ were specially tender upon pressure, nor did blistering or other irritation afford any relief. During the last ten days of his existence, the cough was more urgent, but was not considered by any medical friend, though many saw him, as a prominent symptom. Expectoration very easy, and consisting of common mucus; he even laid with his head low, and his respiration was uncommonly long and free. His urine deposited a copious pink-colored sediment from the beginning; perspiration by turns excessive, but no regular hectic paroxysms were noticeable. The surface of the body was generally cooler than natural, and required artificial heat and friction to make him comfortable. With these symptoms, slightly varied from day to day, he rapidly emaciated, and sunk under his accumulated sufferings, February 23d, about six weeks from the attack, and twelve from the operation.

Examination, 24 hours after death.—The tumor upon the left clavicle was first removed. It was apparently of the same structure of the larger one. It occupied or covered more than half the length of that bone, to which it was closely attached, adhering firmly to the periosteum. On cutting into its substance and scraping it with the back of the scalpel, the instrument was evidently besmeared with pus, although no particular ulcer or cavity of matter existed. Its weight, probably, was two or three ounces, and which at the time of the operation could not have exceeded as many drachms. On raising the sternum, the first deviation from healthy appearance discoverable was hydrothorax; from sixteen to twenty ounces of serum were removed, some from both sides, but principally from the left. On examining the lungs, they were found to contain several tumors, and some of considerable magnitude. One, of the size of a goose egg, and of a similar form, occupied the superior portion of the left lung, and weighed at least six or eight ounces; others, of smaller dimensions, were scattered through both lobes—yet not so numerous nor so small as is often found in tubercular cases. They appeared to possess the same pancreatic structure which distinguished the large one, first operated upon, and were also semi-purulent throughout, like the one described upon the clavicle—containing no vomica or abscess, but the matter diffused through their substance, like being contained in vessels. The thoracic viscera in other respects natural.

The abdominal department was examined with care, but no variations from healthy structure were detected.

It is to be regretted that the spinal column was not dissected.

W. R. RANNEY, M.D.

W. Townshend, *Vt.* July, 1835.

EXTRACT FROM A LECTURE ON THE PHYSIOLOGY OF THE EYE.*

BY CHARLES SMITH, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE physiology of the eye has been handed down from one to another, like the history of Europe or America, without even a conflicting opinion of the correctness of the theory. If this had been the comparative march of the science of Anatomy, we should not have learned yet that the blood flows in the arteries, or that the heat of the body is generated in the lungs.

I will admit, however, that there are different opinions or representations of the refractive bodies, in the passage of the rays from the lens to the retina; as, for instance—one author will represent two cones of rays, and another six or eight, as if it were necessary for every point of an image to have an appropriate pencil of rays; and all agreeing that the rays are collected into foci upon the retina, and also that it is necessary for the image to be inverted upon the retina, in order to give a clear perception of the external scene.

For the present purpose I will give a brief view, from our most approved authors, of the refractive bodies of the eye, and then proceed to my demonstration, with the anticipation of its being (as to its correctness) admitted.

1. The superior density of the cornea and the sphericity of its surface, are considered sufficient to converge the rays towards the retina.

2. The aqueous humor is to diminish the convergence of the rays—at least this is the opinion of some authors.

3. The crystalline lens causes the rays to form a focus upon the retina, and

4. The vitreous body serves to converge the rays a little.

The above is an abstract view of the prevailing notions, to which I will add

First. The cornea serves to increase the amount of light, in proportion to its refractive power, which operates only on those rays that fall obliquely on its surface; but those that pass through the cornea in a perpendicular line are not bent at their insertion or emergence. Its power of refraction, then, is only equal to a plane surface; but that of increasing light is by the convergence of the rays in their passage through the cornea, after which they form a beam of light, a part of which passes through the pupil, and the remainder is reflected or absorbed by the iris.

Second. The aqueous humor we allow is of inferior density compared with the cornea and lens, and is superior to the atmosphere; consequently the rays are refracted, or would be in proportion to its density, should their direction be oblique to its surface. The rays having formed a beam of light at their emergence from the cornea, they are suffered to pass through the aqueous humor without any modification.

Third. It appears that the crystalline lens is the only refractive body of the eye, that has the power of bringing the rays to a focus. By this

* Delivered before the Lyceum at Le Roy, N. Y. July, 1835.

body, then, the rays are collected into foci at the distance of from one to two and a half lines from the retina, in the vitreous body, at which point they cross and diverge so as to be impinged upon the retina. At least when an object is held up before an eye, from which the opaque coats are removed at the posterior part, and their place occupied by a piece of oiled paper, and allowing the rays of light to pass on all sides of the object, there appears to be an imperfect shadow upon the paper, and it is inverted; but it does not prove that the image is impinged upon the retina, and indeed I think it cannot be, because the light is necessarily absorbed by the choroid coat. Now, if the rays did not form a focus prior to being impinged, the image would appear erect upon the retina, as it does in nature, for the reason that the cornea and the aqueous and vitreous bodies have not the power of inverting the image upon the retina. The crystalline lens may be extracted, depressed or absorbed, and yet there is perfect vision. If it is necessary for the image to be painted upon the retina and inverted, by the refractive power of the lens, it would in the absence of this body appear inverted to the sensorium, and its shadow upon the retina would appear erect, as it does in nature—i. e. if it were necessary for the image to be inverted upon the retina, to make it appear erect to the sensorium, the absence of the lens would show the shadow erect upon the retina, and inverted to the sensorium.

Fourth. The vitreous humor having but little refractive power, is probably placed in the eye merely for the purpose of giving figure to the globe, and extending the focal distance required by the crystalline lens to cross the rays before they reach the retina. At the focal point there is more light than in the converging or diverging cones, which this camera obscura seems to require for its clear perception of objects.

Is it not a fact that the cornea forms a beam of light at the emergence of the rays from that coat, and is suffered to pass through the aqueous humor in a straight line? Does not the crystalline lens bring the rays to a focus before they reach the retina; and is it not immaterial whether this body exists or not, or whether the image or shadow appears erect or inverted upon the retina, for distinct perception? I think the answer must be in the affirmative, and that there need not remain a doubt as to the transportation of the image from the retina to the sensorium; because this estimation of the refractive bodies (if it be correct) most certainly proves that the object is seen externally as it exists in nature, and that the image is not necessarily impinged upon the retina, but is conveyed to the sensorium through the optic nerve, as the concussion of the atmosphere upon the tympanum (causing vibration), is transported through the auditory to the same seat.

BLISTERS, IRRITABLE, ULCERATED.

[Communicated for the Boston Medical and Surgical Journal.]

THE publication of extraordinary medical facts and cases is valuable, and worthy of a place in a medical journal; but it is the every-day disease, and the accidents connected with daily practice, which hazard more of health and of life than the cholera or yellow fever.

In a practice of twenty-five years, I have seldom seen prescriptions more completely useless, and many times hurtful, than in treating irritable or ulcerated blisters. Patients of all ages are obnoxious to the first, the irritable state, occasionally to the second, the ulcerated by no means necessarily following. The ulcerated state most usually occurs in small children, and when the blister has been applied to the throat, chest, or abdomen; and here they sometimes prove fatal, either by terminating in gangrene, or exhausting the little patient by long-continued and excessive purulent discharge. The state of irritation, though very tedious and painful, mocking the every effort of physicians and nurses to allay it, in adults seldom or never proves fatal, but in small children it may.

Some may deem this subject of too little importance to occupy the pages of a medical journal. Dr. Channing thought otherwise. See N. E. Journal of Medicine and Surgery for 1826, vol. 15, page 235. The doctor there reports two cases, one of which proved fatal.

So fearful am I of the evil effects of blistering little children under six or seven years of age, that I seldom resort to it in any case. The younger, the more hazardous. The various modes suggested by others to avoid the evil have often failed. The removing the plaister in the course of one or two hours, and sometimes less, I consider no security against its dreaded effects; and in the various kinds of dressings, I find no antidote.

I have never fully tested the virtues of nitrate of silver, as advised in ulcers, &c. by Higginbottom; and in the ulcerated state, with little children who almost have fits at the sight of a doctor under such circumstances, I apprehend there might be difficulty, if not danger, in its application, from their restlessness and fears.

My object is to solicit information, and I hope the subject may be thought worthy of some of your correspondents' attention. What is the best means to prevent a blister becoming irritable? What will best relieve it when irritable? When in little children the blister becomes ulcerated, not disposed to heal, discharging much purulent matter, what is then to be done? what with safety will suppress the discharge and heal the ulcer?

CALVIN JEWETT, M.D.

St. Johnsbury, Vt. August, 1835.

PHARMACEUTICAL USE OF ALCOHOL.

FROM DR. ALLEN'S ESSAY ON NARCOTIC SUBSTANCES.

THE use of alcoholic dilutions as pharmaceutical agents is essentially different from their use on account of their own specific and inherent medicinal qualities. Properly used as solvents of some medicinal substances, as camphor, opium, &c. they are convenient, and void of very material pernicious consequences. In these instances they are simply to be regarded as vehicles, and have no more claims to the title of medicine than the apple sauce or molasses in which a portion of calomel may happen to be administered.

The use of these articles even in this way requires certain fixed and definite rules. Dr. Rush interdicted the use of ardent spirit in bitters, and in all cases when used as a solvent restricted its employment to those cases which in consequence of the activity of the medicine, required to be given in drops or minimum doses. Thus used, the effect of the alcohol in consequence of the smallness of the quantity, is so imperceptible that no essential evil can possibly result, although it may vary only in degree from that of a larger portion.

It is a fact, however, that diluted alcohol as a solvent has in many instances needlessly and disadvantageously been introduced into our best systems of Pharmacy. Some articles of medicine can just as well be prepared for use without the alcoholic liquid, and others are rendered less efficacious and convenient by their combination with alcohol. For instance, guaiacum as a general rule, by solution in alcohol, or ardent spirit, is not only rendered less pleasant to be taken, but less efficacious. Iodine, too, which is usually administered in an alcoholic solution diluted with water, is more appropriately given when dissolved in alkali, which is its proper solvent, than in alcohol. When dissolved in alcohol and taken diluted with water, as it is usually, considerable of the medicine is lost by precipitation. The same objection may be made to the alcoholic solution of guaiacumi; but what constitutes a greater evil in this instance, is the burning or pungent taste of the solution, and its being rendered more heating to the system, and hence rendered pernicious in those cases where it might have been otherwise used advantageously. Upon this subject, Dr. Cullen long since observed, "*Several physicians have apprehended mischief from the use of guaiacum in a spirituous tincture, and I am certain that it sometimes happens.*" It is therefore that, in imitation of the very respectable Berger of Copenhagen, I avoid the spirituous tincture of guaiacum, and employ almost only the diffusion of it in water." This medicinal agent is much more pleasantly taken when reduced to a powder in combination with loaf sugar and cassia-buds or cinnamon, and diffused in cold water, than in any alcoholic solution, and its efficacy in all cases equal, if not superior, without so many inconveniences as the solution. Many other instances might be adduced in which the narcotic alcohol is inappropriately used as a pharmaceutical agent, and in some instances, even in direct violation of some of the most obvious and acknowledged rules of Pharmacy.

It is often asked, if alcohol be dispensed with, how shall physicians and apothecaries prepare for use the resins and gum resins? To which it may be replied that the alkalies are the best solvents for these articles. The *liquor potassæ* will dissolve any resin that alcohol will, and when properly diluted is medicinal itself. It is alterative, deobstruent and antacid, and has long been successfully used in dyspepsia and scrofula. The old *elixir proprietatis* is certainly more efficient in most instances, made with diluted liquor potassæ, than with diluted alcohol. The effect of *potassæ* upon the stomach, administered in such quantity as is requisite with this medicine, is salutary, while that of alcohol is to impair its functions.

Let the experiment be fairly made by any well-informed and intelligent practitioner, who is bound to no school nor wedded to any system but truth, and I have no hesitancy in asserting the advantage will be

found greatly on the side of an absolute and entire rejection of all the intoxicating liquors as ordinary medicinal agents. In the absence of better articles they may indeed temporarily seem to serve as a substitute for something better, on the same principle that some persons to prevent starvation have eaten the flesh of dogs, cats, &c., but such a case will rarely occur in our country.

This question is most satisfactorily settled by using alcoholic solutions for a series of years in the numerous diseases in which they may, at times, appear to be indicated; and then for a series of years to try other agents in the same pathological states of the system. This course will be fair, and the result in all cases I have no doubt will be in favor of the abandonment of the use of spirituous medicines. All active remedies are useless and worse than useless which cannot be shown to accomplish some useful purpose.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 26, 1835.

INFANTILE REMITTENT FEVER.

DR. ALEXANDER, an eminent physician of Manchester, Eng. has recently called the attention of practitioners to the consideration of a hitherto neglected subject—infantile remittent fever. He complains, and very justly, that the diseases of childhood have had a sort of indiscriminate treatment, without that special regard to the true nature of their maladies, which the great mortality that marks the progress of infantile years, would obviously seem to demand. The same remark might doubtless be made with propriety in relation to the general mode of treating the diseases of infancy in this country. With no class of patients is it so difficult to ascertain the precise character of their complaints; and certainly it will be admitted that to this, in some measure, is to be imputed the melancholy loss of such numbers of promising children as are annually swelling the bills of mortality. But though infantile pathology is thus beset with difficulties, a conscientious practitioner will not on that account labor with less earnestness to understand the nature of those secret agents which so early and so frequently sever the silken thread of life. Without an accurate and definite knowledge of infantile pathology, how is it possible to prescribe medicines judiciously? Yet nothing is more common than to be in such haste, that little or no good is derived from the slight examination the physician makes of indisposed infants. A few simples of the *materia medica*, which are commonly admitted to be incapable of doing harm, and too often found to do no good, are sometimes alone resorted to, and the little sufferer actually dies a martyr to neglect.

Dr. Alexander avers that the remittent fever of childhood has received such a variety of names, that this circumstance, of itself, is sufficient to lead to serious errors in practice. *Atrophia infantilis*, *marasmus*, infantile fever, *tabes mesenterica*, infantile hectic, besides several other popular terms, really all mean the same thing.

The disease, says this able gentleman, presents three distinct periods, during which there are certain symptoms, requiring the institution of a

corresponding treatment. In the first stage the child is languid, listless and drowsy, with a changeable countenance, a varying appetite, thirst, and irregular bowels. At certain times of the day it is more indisposed than at others. The remissions are such as to misguide and blind the physician to the danger. With the exception of the abdomen, the body emaciates, the pulse is quick, and a convulsion is no uncommon occurrence. If the disease is not arrested, the second stage presents the following peculiarities:—Emaciation becomes very considerable, the strength is reduced, the thirst increased, the mind confused, and the child picks the nostrils, fingers or lips, and appears confused and oppressed during the evening exacerbations. Food is badly digested, if taken at all, and the bowels are tumid and sometimes painful to the touch. In the day the skin is hot, hard and dry, the pulse being nearly 110, and not unfrequently much higher. Next, the abdomen becomes tympanitic, and stupor comes on, or delirium, the almost certain precursor of death.

These are among the evidences of remittent fever, but the genuine cause remains a mooted point with professed writers on pathology. Inflammation of the mucous membrane of the stomach, ulcerative patches of the ileum, chronic enlargement and subsequent ulcerations of the mesenteric glands, &c. are among the frequent accompaniments of the fever, but no satisfactory cause has been assigned, and therefore the opportunity presents itself to the benevolent of improving the mode of managing this disease.

Communications on this subject, which has been suggested to ourselves by the perusal of Dr. Alexander's remarks, would be exceedingly prized, particularly as the season is advancing when febrile affections are particularly manifested among children in the Northern States.

HEALTH OF BOSTON.

HAVING regretted, in common with our fellow citizens, that an impression should have been made abroad that this city was particularly unhealthy, we are happy in announcing that the town has never been more completely free from fevers, than at the present time. There has not been a prevalence, to our knowledge, of any one disease, for nearly a year. The weekly bills of mortality, made out carefully at the Health Office, are the best evidence of the facts. Knowing from personal observation the actual state of the public health, and fully believing there is not a city in America, where such a multitude of people are closely congregated, more highly favored in respect to immunity from disease, we feel a satisfaction and boldness in repeating that Boston is in excellent health.

London University Medical School.—Lord Brougham, on a public occasion, recently pronounced this a flourishing institution. His words were, that "it was unquestionably the most flourishing and best attended in this country" (England). It will be well for young Americans who are on the *qui vive* for being finished professionally, in Europe, to keep in mind the declaration of his lordship—a man eminently qualified to estimate the proper value of anything. Still, we are altogether opposed to the migratory manner of studying medicine and surgery which has so long been fashionable in the United States. Physicians cannot be better educated abroad than at home, provided they pay half the attention to their studies here, that they generally bestow on trifles on the opposite shores of the Atlantic.

Vaccination in Paris.—The Mayors of Paris have urged the inhabitants of their districts to cause their children to be vaccinated, as during the present season of hot weather, says the London Morning Herald, of July 11th, the smallpox is much more violent. The operation is performed, gratuitously, in various quarters of Paris, at the public expense, as it is in Boston and Philadelphia.

Dupuytren's Legacy.—The Moniteur, of recent date, contains a Royal Ordonnance, authorising the faculty of medicine of Paris to accept the legacy of 200,000 francs bequeathed to the institution by the late Baron Dupuytren, dated October 21st, 1834, and to apply it in founding a lectureship on internal and external pathological anatomy.

Helleborus Niger in Intermittent Fever.—Dr. Berndt remarks, in his *Klinische Mittheilungen*, that in the treatment of quartan agues he seldom employs the bark or its preparations, but relies chiefly on the black hellebore in large doses, as recommended by Hildanus. He obtained the best effects from it when administered in the following formula :

R. Extract. Hellebor.
Ammon. Muriat. aa 3ii.
Extract. absynth. 3i.
Aqua menth. pip. 3i.

Of this mixture a table-spoonful was administered every two hours. Twelve cases out of thirteen were cured by this method, and it was only found necessary in the thirteenth, to call in the agency of the bark.—*Hecker's Wissenschaftlichen Annalen der gesamt. Heilkunde.*

Nux Vomica in spasmodic Asthma.—A case is reported in Kauch's *Gesti und kritik der medec. chirurg. Zeitschriften*, of a young man, aged twenty years, who after having employed all the most efficacious remedies for spasmodic asthma without success, was effectually relieved by the continued use of nux vomica. The habitual difficulty of respiration subsided, and the paroxysms of asthma disappeared and did not return.—*Strohmayer Medecnisch. Prak. Darstellung.*

Cure of Jaundice.—Frere Le Ome used to cure jaundice by giving a drachm of dried and powdered walnut leaves, infused in a glass of white wine every morning fasting. From fifteen to twenty doses were for the most part sufficient to annihilate the disorder.—*N. A. Arch.*

TO CORRESPONDENTS.—The Communications of Dr. Osgood on the Yellow Fever of Havana, of Dr. Williams on Poisoning, and of Dr. Reed on the Ohio Medical College, are on file for publication. We have also received Dr. Parsons's Prize Dissertation on Cancer, which will require a double number of the Journal, and of which further notice will be given previous to publication.

DIED—In Hoboken, N. J. Dr. Richard Stevens, aged 44.—In Bedford, Pa. Dr. William Watson.

Whole number of deaths in Boston for the week ending August 15, 46. Males, 26—Females, 20.
Of typhous fever, 1—old age, 1—hives, 1—infantile, 4—dysentery, 4—throat distemper, 1—measles, 3—dropsy on the brain, 1—dropsy, 1—disease of the spine, 1—complicated disease, 1—biliary fever, 1—diarrhœa, 1—scarlet fever, 3—rickets, 1—hooping cough, 2—inflammation of the bowels, 3—accidental, 2—fever, 1—drinking cold water, 1—liver complaint, 1—lung fever, 1—palsy,—teething, 1—worms, 1—disease of the heart, 1—consumption, 3—cholera infantum, 1. Stillborn, 2.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Boston, April 1, 1835.

DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material: the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

Sold wholesale and retail in Boston, by WILLIAM WARD, No's 26 and 27 India street, and PEIRSON & ROWLAND, Apothecaries' Hall, 183 Washington street, and Apothecaries generally.

PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics. Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great value to the medical student and anatomical lecturer. All the above articles are manufactured of the best materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3.

MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—tf.)

C. H. STEDMAN.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835.

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